

## 2008 – 2009 ARIZONA HIGHLY QUALIFIED ATTESTATION FORM SPECIAL EDUCATION: Teacher of Record (K- Grade 6)

Pursuant to requirements mandated by H.R. 1350, Sec. 602 – Individuals with Disabilities Education Improvement Act of 2004. To be completed by Special Education Teachers who are the teacher of record.

| Name:  |  |  | District:   |  |  |
|--|--|--|-------------|--|--|
| SSN (last 4 digits):   |  |  | School:     |  |  |
| Please check where applicable:   |  |  |             |  |  |
| 1. 🗆   | Holds a bachelor's degree and  |  |             |  |  |
| 2. 🗆   | Holds a valid Arizona Special Education Certificate (intern, provisional, reciprocal, or standard)   |  |             |  |  |
|  | Disability Area(s) Listed on Certificate:  |  |             |  |  |
| and  |  |  |             |  |  |
| 3. ☐ Teacher of Record (A teacher of record directly instructs, evaluates and assigns of in core academic subjects.) |  |  |             | evaluates and assigns grades to students                             |  |
|  | You must be highly qualified in <u>Elementary Content</u> . This includes teachers with students assesse against the Alternate AIMS.   |  |             |  |  |
|  | Please check only one option below: a. □ Passed the Elementary Education Subject Knowledge AEPA (first available in 1999); OR  |  |             |  |  |
|  | b.        □ Earned a minimum of 100 points on the AZ HOUSSE for Special Education Teachers prior to June 30, 2007. Supporting documentation must be included with the rubric. You may continue to use the same rubric as long as the content area remains the same; OR |  |             |  |  |
|  | c. □ Earned a minimum of 100 points on the AZ HOUSSE for Veteran Teachers Returning to the Profession – Special Education (K-12)[documentation required]; <b>OR</b>  |  |             |  |  |
|  | d.   |  |             |  |  |
| and 4. Current Teaching Assignment:  |  |  |             |  |  |
|  | Grade(s)   |  | (s)         | <br>Periods Taught   |  |
| lf you o<br><b>qualifi</b>   |  | , 2, and 3 (including 3a, 3b, 3c or 3d), u | nder federa | al guidelines, you are considered <b>highly</b>                      |  |
| ☐ Highly Qualified Teacher ☐   |  |  |             | ■ Non-Highly Qualified Teacher<br>(Individual Teacher Plan Required) |  |
| I attest   | to the fac   | tual completion of this evaluation.        |             |  |  |
| Signature of Teacher   |  |  |             | Date   |  |
| Printed Name of Principal  |  |  |             |  |  |
| Signature of Principal   |  |  |             | nte  |  |